

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Conway</u> PHA Code: <u>SC025</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>260</u> Number of HCV units: <u>368</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> <li>The Housing Authority of Conway (HAC) revised how Resident Commissioners are selected. The revision was made in order to provide the opportunity for all qualified residents to participate in the Resident Commissioner appointment process. The Executive Director will solicit names of residents who are interested in becoming a Resident Commissioner. Solicitations will be made through the monthly newsletter, individual letters to each household, announcements at resident meetings, and posting on the Central Office bulletin board. Any resident 18 years of age or older who is on a HAC Lease and is in good standing with HAC may submit his or her name to the Executive Director of HAC for consideration. Once the Executive Director verifies the person is a resident, is 18 years or older, is on a HAC Lease, and is in good standing with HAC, she will then submit the name(s) to HAC's Board of Commissioners. The Board will review the names and forward with recommendations to the Mayor. The Mayor and City Council will review HAC Board of Commissioner's recommendations and make the final Resident Commissioner appointment.</li> <li>The Fraud Policy was amended to allow public housing residents to enter into a repayment agreement rather than being evicted for willfully withholding information regarding household income.</li> </ul> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <ul style="list-style-type: none"> <li>The Housing Authority's central office at 2303 Leonard Avenue, Conway, SC 29527</li> </ul>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.  The Housing Authority plans to demolish and replace five scattered site public housing single family detached units.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <ul style="list-style-type: none"> <li>Attachment A: FY 2011 Annual Plan, sc025a01</li> <li>Attachment B: P &amp; E Report for 2010 CFP funds SC16P02550110, sc025b01</li> <li>Attachment C: P &amp; E Report for 2009 CFP funds SC16P02550109, sc025c01</li> </ul>				

8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <ul style="list-style-type: none"> <li>• Attachment D: Five Year Plan, sc025d01</li> </ul>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <ul style="list-style-type: none"> <li>• Housing needs and problems are detailed in the CHAS report Attachment E: Housing Needs, sc025e01</li> </ul> <p>Currently there are 432 on the public housing waiting list and 358 on the section 8 waiting list. The public housing waiting list is currently open; however, the section 8 waiting list has been closed for over four years. There is an immediate need for suitable rental and homeownership housing for low-income families in Conway, SC.</p> <ul style="list-style-type: none"> <li>• The public housing waiting list is detailed in Attachment F: Public Housing Waiting List, sc025f01</li> <li>• The Section 8 waiting list is detailed in Attachment G: Section 8 Waiting List, sc025g01</li> </ul>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Housing Authority was successful in achieving its FY2010 goals.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>The following actions are defined as substantial deviation or significant amendment or modification:</b></p> <p><u><b>GOALS</b></u></p> <ul style="list-style-type: none"> <li>• Additions or deletions of Strategic Goals</li> </ul> <p><u><b>PROGRAMS</b></u></p> <ul style="list-style-type: none"> <li>• Adding new programs not included in the Housing Agency Plan</li> <li>• Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities</li> </ul> <p><u><b>CAPITAL BUDGET</b></u></p> <ul style="list-style-type: none"> <li>• Additions of non-emergency work items in excess of \$25,000 (items not included in the current Annual Statement or Five Year Action Plan) or change in use of replacement reserve funds in excess of \$25,000.</li> </ul> <p><u><b>POLICIES</b></u></p> <ul style="list-style-type: none"> <li>• Changes to rent or admissions policies or organization of the waiting list</li> </ul> <p>An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since such changes are not considered significant amendments by HUD.</p>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <u>Attachment I: RAB Comments, sc025i01</u></p> <p>(g) Challenged Elements <u>Attachment J: Challenged Elements, sc025j01</u></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <u>Attachment A: FY 2010 Annual Plan SC16P02550110, sc025a01</u></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <u>Attachment D: Five Year Plan, sc025d01</u></p>
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**ATTACHMENTS:**

- Attachment A: FY 2011 Annual Plan, sc025a01
- Attachment B: P & E Report for 2010 CFP funds SC16P02550110, sc025b01
- Attachment C: P & E Report for 2009 CFP funds SC16P02550109, sc025c01
- Attachment D: Five Year Plan, sc025d01
- Attachment E: Housing Needs, sc025e01
- Attachment F: Public Housing Waiting List, sc025f01
- Attachment G: Section 8 Waiting List, sc025g01
- Attachment H: Violence Against Women Act, sc025h01
- Attachment I: RAB Comments, sc025i01
- Attachment J: Challenged Elements, sc025j01

# ATTACHMENT H

<b>Violence Against Women Act Required Statement</b> <b>PHA 5-year and Annual Plan</b>  <b>Housing Authority of Conway, SC</b>	<b>For FY:</b> <b>2011</b>
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## 5-year Plan Requirements

Identify the PHA's goals, objectives, policies, or programs that will enable the housing authority to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking as required by the Violence Against Women Act of 2005. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The Housing Authority of Conway added the following items to its public housing Admission and Continued Occupancy Policy and Section 8 Administrative Plan:

### PROTECTION OF VICTIMS OF DOMESTIC VIOLENCE

Incidents of domestic violence, dating violence, or stalking shall not be good cause for denying victims access to or termination from the Public Housing Program or for terminating a lease held by a victim of such violence.

Within fourteen days upon request by the Authority, victims of domestic violence, dating violence, or stalking must certify via a HUD approved certification form (HUD-50066) their status as victims and that the incident in question was a bona fide incident of domestic violence, dating violence, or stalking by presenting appropriate documentation to the Authority. The fourteen day timetable may be extended by the Authority.

Victims of domestic violence, dating violence, or stalking may satisfy the certification requirements by:

- Providing documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incidents in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation; or,
- Producing a Federal, State, tribal, territorial, or local police or court record.

At its discretion the Authority may provide benefits to a victim of domestic violence, dating violence, or stalking based solely on the victim's statement or other corroborating evidence.

Nothing prevents a victim who has committed a crime or violated a lease from being evicted.

## Annual Plan Requirements

### Section I: Services:

Activities, services, or programs provided or offered, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking including, but not limited to the following:

	Yes	No
1. The PHA coordinates with local community organizations, listed below: <ul style="list-style-type: none"> <li>• Conway Police Department</li> <li>• Citizens Against Spousal Abuse</li> </ul>	X	
2. The PHA has developed a referral system for victims of domestic violence, dating violence, sexual assault, or stalking. <ul style="list-style-type: none"> <li>• Referrals are handled through the Public Housing Occupancy Specialist</li> </ul>	X	
3. The PHA provides social services and/or case management to victims. Explain below: <ul style="list-style-type: none"> <li>• The Authority's Public Housing Occupancy Specialist provides case management and coordinates social services</li> </ul>	X	
4. The PHA provides training to its staff on VAWA's housing provisions and/or the dynamics of domestic violence, dating violence, sexual assault or stalking. Include dates and topics of trainings: <ul style="list-style-type: none"> <li>• September 23, 2009, VAWA All-Staff Training, HUD training in Columbia, SC</li> </ul>	X	
5. Please list any other activities, services or programs offered (referrals for court and legal services, job training, on-site programs, etc.): <ul style="list-style-type: none"> <li>• The Authority's Public Housing Occupancy Specialist is the Authority's contact person for all related VAWA questions, problems and situations</li> <li>• The Public Housing Occupancy Specialist provides case management and referral services and coordinates victim's</li> </ul>	X	

## ATTACHMENT H

needs with local social services agencies • The Public Housing Occupancy Specialist also conducts VAWA in-service training to other Authority employees as instructed by the Executive Director		
<b>Section II: Obtaining and Maintaining Housing</b> Activities, services or programs provided or offered that help child or adult victims of domestic violence, dating violence, sexual assault, or stalking to obtain or maintain housing, including, but not limited to, the following:		
1. The PHA provides transitional housing programs for victims of domestic violence, dating violence, sexual assault, or stalking. • The Authority does not provide transitional housing; however, the Authority's Public Housing Occupancy Specialist works closely with the Conway Police Department and Citizens Against Spousal Abuse to provide this service.		X
2. The PHA has established a preference category for victims of domestic violence, dating violence, sexual assault, or stalking. Explain below:		X
3. The PHA has developed an emergency transfer policy for victims of domestic violence, dating violence, sexual assault or stalking living in public housing.	X	
4. The PHA has developed a policy for the bifurcation of leases and/or rental assistance in public and Section 8 housing.	X	
5. The PHA has developed a policy for porting vouchers before the end of a lease term for victims of domestic violence, dating violence, sexual assault, or stalking.	X	
6. If the PHA requires certification, the PHA has established a written procedure for verification of status as a victim of domestic violence, dating violence, sexual assault, or stalking in public and Section 8 housing.	X	
7. Please list any other activities, services or programs offered: (e.g. separate wait lists for victims or set aside programs). • "Citizens Against Spousal Abuse" conducts training for residents	X	
<b>Section III: Prevention and Safety Enhancement</b> Activities, services or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families, including but not limited to:		
1. The PHA maintains all information related to an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking as confidential, and will only disclose this information as required by law. Explain measures taken to ensure confidentiality.	X	
2. If the PHA has its own police or security officers, the PHA has policies that allow the PHA to enforce protection orders.	N/A	
3. The PHA has information on domestic violence, dating violence, sexual assault, or stalking available to tenants and coordinates with local service providers to prepare prevention programs for tenants.	X	
4. The PHA has notified all public housing tenants, Section 8 tenants, and Section 8 landlords of VAWA's housing protections. Explain how notice is provided. • Applicants, residents, voucher holders and landlords are given a pamphlet informing them of VAWA • Residents receive additional information at Lease signing and sign an acknowledgement • Information is routinely included in the Resident Newsletter	X	
5. Please list any other activities, services or programs offered: (e.g. increased security measures, lock changes, cameras, etc.) • Lock changes • Coordination with local Police • Personal follow-up by the Public Housing Occupancy Specialist	X	

# CHAS HOUSING PROBLEMS FOR TOTAL POPULATION OF CONWAY, SC

Name of Jurisdiction: Conway, South Carolina			Source of Data: CHAS Data Book			Data Current as of: 2000						
Household by Type, Income, & Housing Problem	Renters					Owners						
	Elderly 1 & 2 members	Small Related 2 to 4 members	Large Related 5 or more members	All Other	Total Renters	Elderly 1 & 2 members	Small Related 2 to 4 members	Large Related 5 or more members	All Other	Total Owners	Total Households	
1. Household Income <= 50% MFI	177	402	95	229	903	177	115	24	57	373	1,276	
2. Household Income <=30% MFI	84	218	85	145	532	101	33	14	39	187	719	
3. % with any housing problems	70.2	77.5	100	69	77.6	66.3	87.9	100	89.7	77.5	77.6	
4. % Cost Burden >30%	70.2	66.1	82.4	69	70.1	66.3	75.8	100	89.7	75.4	71.5	
5. % Cost Burden >50%	35.7	47.7	35.3	44.8	43	41.6	75.8	28.6	51.3	48.7	44.5	
6. Household Income >30 to <=50% MFI	93	184	10	84	371	76	82	10	18	186	557	
7. % with any housing problems	68.8	51.1	0	59.5	56.1	21.1	95.1	100	77.8	63.4	58.5	
8. % Cost Burden >30%	58.1	48.9	0	59.5	52.3	21.1	95.1	0	77.8	58.1	54.2	
9. % Cost Burden >50%	4.3	10.9	0	17.9	10.5	15.8	90.2	0	55.6	51.6	24.2	
10. Household Income >50 to <=80% MFI	4	188	39	69	300	153	108	27	50	338	638	
11. % with any housing problems	0	12.2	48.7	42	23.7	21.6	39.8	85.2	60	38.2	31.3	
12. % Cost Burden >30%	0	8	10.3	42	16	21.6	39.8	55.6	60	35.8	26.5	
13. % Cost Burden >50%	0	0	0	0	0	12.4	3.7	0	20	9.8	5.2	
14. Household Income >80% MFI	34	200	20	135	389	443	1,070	184	200	1,897	2,286	
15. % with any housing problems	0	0	0	7.4	2.6	1.8	7.5	2.2	17.5	6.7	6	
16. % Cost Burden >30%	0	0	0	0	0	1.8	6.5	2.2	17.5	6.2	5.1	
17. % Cost Burden >50%	0	0	0	0	0	0.9	0	0	0	0.2	0.2	
18. Total Households	215	790	154	433	1,592	773	1,293	235	307	2,608	4,200	
19. % with any housing problems	57.2	36.2	67.5	43.6	44.1	16	17.8	21.7	37.1	19.9	29.1	
20. % Cost Burden >30	52.6	31.5	48.1	41.3	38.6	16	16.7	14	37.1	18.7	26.2	
21. % Cost Burden >50	15.8	15.7	19.5	18.5	16.8	10	8	1.7	13	8.6	11.7	

# HOUSING AUTHORITY OF CONWAY, SC

## Public Housing Waiting List

	Bedroom Size					Total
	1BR	2BR	3BR	4BR	5BR	
Elderly	11	4	1			16
Handicap/Disabled	29	10	3	1		43
Family	156	149	55	12	1	373
Totals	196	163	59	13	1	432
Hispanic	2	5				7
White	45	42	19	5		111
Black	149	122	40	8	1	320
Other		1				1

# HOUSING AUTHORITY OF CONWAY, SC

## Section 8 HCV Waiting List

	Bedroom Size					Total
	1BR	2BR	3BR	4BR	5BR	
Elderly	7	1	1			9
Handicap/Disabled	3	2	2			7
Family	112	151	67	10	2	342
Totals	122	154	70	10	2	358
Hispanic	1		1			2
White	26	12	7			45
Black	95	142	62	10	2	311
Other						



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 3/31/2014

Part I: Summary

PHA Name: Housing Authority of Conway	Grant Type and Number Capital Fund Program Grant No: SC025501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:2 )		Final Performance and Evaluation Report	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 )	<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	98,000.00		98,000.00	98,000.00		98,000.00
3	1408 Management Improvements	5,000.00		.00	.00		.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00		.00	.00		.00
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	10,000.00		10,000.00	10,000.00		7,946.00
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	373,057.00		379,057.00	379,057.00		310,000.00
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00		5,000.00	5,000.00		5,000.00
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>	
<b>PHA Name:</b> Housing Authority of Conway		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC025501-09 Replacement Housing Factor Grant No: Date of CFFP:	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	492,057.00	492,057.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> <i>Merry Garner</i>		<b>Signature of Public Housing Director</b> Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Federal FY of Grant: 2010**

### Reasons for Revised Target Dates

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
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Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Housing Authority of Conway		Capital Fund Program Grant No: SC025501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	97,630.00	97,630.00	97,630.00	.00
3	1408 Management Improvements	5,000.00	.00	.00	.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	2,450.21	2,450.21	2,450.21
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00	15,000.00	15,000.00	3,206.00
8	1440 Site Acquisition				
9	1450 Site Improvement	22,000.00	22,265.00	22,265.00	.00
10	1460 Dwelling Structures	347,521.00	350,805.79	350,805.79	178,234.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name:</b> Housing Authority of Conway		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC025501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FY of Grant: 2010</b> FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	488,151.00	488,151.00	488,151.00	488,151.00	183,890.21	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
<b>Signature of Executive Director</b> <i>Shirley Garner</i>		<b>Date</b> 7/11/2011		<b>Signature of Public Housing Director</b>  <b>Date</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

[illegible]

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

## Federal FY of Grant: 2010

[illegible]

form HUD-50075.1 (4/2008)



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011	
PHA Name: Housing Authority of Conway, SC		FFY of Grant Approval: 2011	
Grant Type and Number Capital Fund Program Grant No: SC16P025501-11 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$94,834	
3	1408 Management Improvements	\$10,000	
4	1410 Administration (may not exceed 10% of line 21)	\$5,000	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	\$33,122	
8	1440 Site Acquisition		
9	1450 Site Improvement	\$5,000	
10	1460 Dwelling Structures	\$286,215	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	\$40,000	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> Housing Authority of Conway, SC		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P025501-11 Replacement Housing Factor Grant No: Date of CFPP:	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$474,171	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> <i>Sherry Jayner</i>		<b>Date</b> 07/11/2011	<b>Signature of Public Housing Director</b>  <b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part I: Summary

PHA Name/Number Housing Authority of Conway, SC SC025			Locality (City/County & State) Conway, Horry County, South Carolina		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Agreed Statement	\$200,326	\$200,326	\$200,326	\$200,326
C.	Management Improvements		\$10,000	\$10,000	\$10,000	\$10,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$5,000	\$5,000	\$5,000	\$5,000
F.	Other (Fees & Costs)		\$32,440	\$32,440	\$32,440	\$32,440
G.	Operations		\$94,834	\$94,834	\$94,834	\$94,834
H.	Demolition		\$7,500	\$7,500	\$7,500	\$7,500
I.	Development		\$124,071	\$124,071	\$124,071	\$124,071
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$474,171	\$474,171	\$474,171	\$474,171
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		\$474,171	\$474,171	\$474,171	\$474,171

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

[illegible]

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2011	Work Statement for Year 2012			Work Statement for Year 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Statement	1406 Operations		\$94,834	1406 Operations		\$94,834
	1408 Management Improvements		\$10,000	1408 Management Improvements		\$10,000
	1410 Administration		\$5,000	1410 Administration		\$5,000
	1430 Fees & Costs		\$32,440	1430 Fees & Costs		\$32,440
	1450 Concrete Repairs			1450 ADA Ramps		
	AMP1		\$2,500	AMP1	1	\$2,500
	AMP2		\$2,500	AMP2	1	\$2,500
	1460 Replace Siding		\$195,326	1460 Replace Gutters		\$100,000
	AMP2			AMP2		
	1485 Demolition (1) unit AMP2	1	\$7,500	1460 Rework Stairs AMP2		\$95,326
Statement	1499 Develop Unit AMP2	1	\$124,071	1485 Demolition (1) unit AMP2	1	\$7,500
				1499 Develop Unit AMP2	1	\$124,071
Statement	Subtotal of Estimated Cost		\$474,171	Subtotal of Estimated Cost		\$474,171

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**Expires 4/30/2011**

Work Statement for Year 2014

Work Statement for Year: 2015  
FHY2015

[illegible]



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**Expires 4/30/2011**

form HUD-50075.2 (4/2008)

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**Expires 4/30/2011**

form HUD-50075.2 (4/2008)

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning FY2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of Conway

SC025

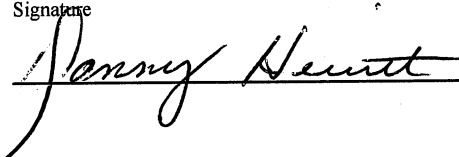
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

☒ Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Danny Hewitt	Chairman
Signature	Date
	6-9-2011

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

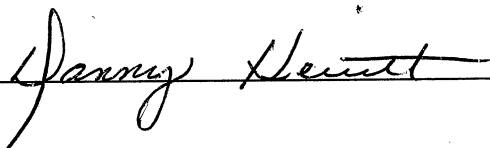
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Conway

SC025

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official <b>Danny Hewitt</b>	Title <b>Chairman</b>
Signature 	Date <b>6-9-2011</b>

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Housing Authority of Conway

Program/Activity Receiving Federal Grant Funding

Housing Agency Plan, FY2011 Annual Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Sherry Joyner

Title

Executive Director

Signature

X

*Sherry Joyner*

Date

07/11/2011

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Housing Authority of Conway

Program/Activity Receiving Federal Grant Funding

Housing Agency Plan, FY2011 Annual Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

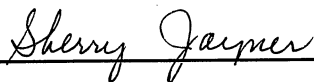
Name of Authorized Official

Sherry Joyner

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07/11/2011

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Housing Authority of Conway 2303 Leonard Avenue Conway, SC 29527 <b>Congressional District, if known:</b> 1st			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b>		
<b>6. Federal Department/Agency:</b>  U. S. Department of Housing and Urban Development			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  N/A		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Sherry Joyner</u> Print Name: <u>Sherry Joyner</u> Title: <u>Executive Director</u> Telephone No.: <u>(843) 248-7327</u> Date: <u>07/11/2011</u>		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		



Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Edwin R. Knight, Deputy Director the Authorized Signatory for the SC State Housing  
Finance and Development Authority certify that the Five Year and  
Annual PHA Plan of the Housing Authority of Conway is consistent with the Consolidated Plan of  
the State of South Carolina prepared pursuant to 24 CFR Part 91.

 06/15/11  
Signed / Dated by Appropriate State or Local Official

## HOUSING AUTHORITY OF CONWAY

### CHALLENGED ELEMENTS

The Housing Authority of Conway, South Carolina received no written or verbal challenges or comments from its Resident Advisory Board, residents, the public or local governmental officials regarding the Housing Authority's FY 2011 Housing Agency Plan.

*Sherry Joyner*

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Sherry Joyner, Executive Director

*07/11/2011*

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Date

HOUSING AUTHORITY OF CONWAY  
RESIDENT ADVISORY BOARD COMMENTS

The Housing Authority of Conway, South Carolina received no comments from its Resident Advisory Board regarding the Housing Authority's FY 2011 Housing Agency Plan.

*Sherry Joyner*

Sherry Joyner, Executive Director

*7/11/2011*

Date